



2010 ANNUAL SUMMARY REPORT Cross Connection/Backflow Prevention

For Water Systems Serving Less Than 300 Connections

Oregon Department of Human Services Drinking Water Program

Your system has at least 15 connections and is required to fill out this Annual Summary Report every year. You may have few items to report. The person who is responsible for implementing the cross connection program for this water system should complete, sign and date this report. Please type or print clearly. This Report is due by March 31, 2011.

1. Address Please provide the mailing address for cross connection related mail, and the other communication information.

Water System Name

4 1 _____
PWS ID #

Mailing Address

Phone Number

City

State

Zip

☐ same
fax

Cross Connection/Backflow Prevention Contact Person

email

2. Cross Connection Ordinance or Other Enabling Authority

All community water systems with 15 or more connections are required to have a written cross connection ordinance, by-laws, policy or other written enabling authority.

- a. Does your water system have a written ordinance (or other enabling authority)? ☐ Yes ☐ No
- b. Date of latest revision _____ Submit a copy of your latest revision with this report **only** if one is not already on file with the Drinking Water Program. Do not submit a written copy every year unless you make changes to it.

3. Certified Cross Connection Specialist

Community water systems serving less than 300 service connections **may** have a certified Cross Connection Specialist who is responsible for the Cross Connection/Backflow Prevention Program. (OAR 333-061-0073(1)) This is not for Operators or Testers.

Cross Connection Specialist

Certification Number

☐ Water system employee ☐ Contracted Service ☐ Other _____

4. Additional Staff Please list any additional currently certified Cross Connection Certified Specialists or Testers with their certification numbers.

5. Your Customer Base

Who does your water system serve? This is for everyone in your water system - not just people with backflow assemblies. **Check yes or no - do not leave blank.** If you check yes for any group, fill in the quantity being as accurate as possible.

Yes No

- ☐ ☐ Residential customers. If yes, how many connections? _____
- ☐ ☐ Customers specified in Table 48 of OAR 333-061-0070 Cross Connection Control Requirements. This identifies most high hazards. A copy of this table is on page 4 of this form. If yes, how many? _____
- ☐ ☐ How many customers are not residential or listed on Table 48? _____ This is everyone else - mainly commercial properties and multi-family dwellings.

Number of connections in this system. _____

6. System Questions:

If your system's written policy does not specifically ban use of a type of assembly, you are allowing its use. Reduced Pressure Backflow Prevention Assemblies are required to be used in "high hazard" situations and you should not deny their use even if you do not have a high hazard situation now. "Premise Isolation" is putting a backflow prevention assembly (typically right inside the water meter) so that nothing from any part of a customer's system may backflow into the water system. "Point of use" isolation is putting a backflow prevention assembly immediately before a potential hazard.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Are Reduced Pressure Backflow Prevention Assemblies allowed in your system? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are Double Check Backflow Prevention Assemblies allowed in your system? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are Pressure Vacuum Breakers allowed in your system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are Atmospheric Vacuum Breakers allowed in your system? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does your water system require premise isolation on all new installations? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does your water system allow a combination of premise isolation and point of use isolation? | <input type="checkbox"/> | <input type="checkbox"/> |

7. Written Backflow Prevention Program

All Community Water Systems must have a written Cross Connection/Backflow Prevention Program.

Does your water system have a current:

- | | Yes | No |
|--------------------------|--------------------------|--------------------------|
| a. Written program plan? | <input type="checkbox"/> | <input type="checkbox"/> |

Does your program include:

- | | | |
|--|--------------------------|--------------------------|
| b. A master list of facilities and premises which are subject to inspection and those that are not? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. On the above master list, do you designate a hazard level?
(ie. You could have a separate list of your customers that are "high hazard") | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you keep a current record of yearly inspections and take action on missing ones? | <input type="checkbox"/> | <input type="checkbox"/> |

8. Testing

This refers to tests made by your water system and those made by Oregon Certified Testers and turned into your system from January 1, 2010 thru December 31, 2010. Failures include assemblies that worked properly after being flushed.

- a. How many backflow prevention device tests were done in 2010? _____
- b. How many assemblies or devices initially failed? _____
- c. How many of the initial failures on devices from above were corrected and passed a retest? _____
- d. If b. and c. are different, please explain.

9. 2010 Backflow Assembly Test Summary

		RPBs Reduced Pressure Backflow Prevention Assemblies (RPBAs & RPDAs)	DCs Double Check Backflow Prevention Assemblies (DCVA & DCDA)	PVBs Pressure Vacuum Breaker Assemblies (PVBA & SVBA)	AVBs Atmospheric Vacuum Breakers
1	Total Number of Assemblies in Your System				
2	Final Total of Assemblies Passed (<u>Initial & Repaired</u>)				
3	Number of Initial Failures of Assemblies				
4	Number of Failures Corrected (or Removed)				
5	Number of New Installations (Not Replaced Failures)				

Additional Comments:

10. REQUIRED SIGNATURE

I certify that the information provided is true to the best of my knowledge. Providing false information may result in penalties to the individual and to the water supplier.

Signature _____

Date _____

Retain a copy of this form for your records.

This 2010 ASR must be submitted to DHS Drinking Water Program by March 31, 2011. [OAR 333-061-0070 (9)(c)] Send this report and any necessary additional information to:

J. Michael Perry
DHS Drinking Water Program
Cross Connection/Backflow Prevention Program
PO Box 14450
Portland OR 97293-0405

KEEP THIS FOR YOUR RECORDS

TABLE 48***	
PREMISES REQUIRING ISOLATION* BY AN APPROVED AIR GAP OR REDUCED PRESSURE PRINCIPLE TYPE OF ASSEMBLY	
HEALTH HAZARD	
1.	Agricultural (e.g. farms, dairies)
2.	Beverage bottling plants**
3.	Car washes
4.	Chemical plants
5.	Commercial laundries and dry cleaners
6.	Premises where both reclaimed and potable water are used
7.	Film processing plants
8.	Food processing plants
9.	Medical centers (e.g., hospitals, medical clinics, nursing homes, veterinary clinics, dental clinics, blood plasma centers)
10.	Premises with irrigation systems that use the water supplier's water with chemical additions (e.g., parks, playgrounds, golf courses, cemeteries, housing estates)
11.	Laboratories
12.	Metal plating industries
13.	Mortuaries
14.	Petroleum processing or storage plants
15.	Piers and docks
16.	Radioactive material processing plants and nuclear reactors
17.	Wastewater lift stations and pumping stations
18.	Wastewater treatment plants
19.	Premises with piping under pressure for conveying liquids other than potable water and the piping is installed in proximity to potable water piping
20.	Premises with an auxiliary water supply that is connected to a potable water supply
21.	Premises where the water supplier is denied access or restricted access for survey
22.	Premises where the water is being treated by the addition of chemical or other additives

* Refer to OAR 333-061-0070(8) Premise Isolation Requirements.

** A Double Check Valve Backflow Prevention Assembly could be used if the water supplier determines there is only a non-health hazard at a beverage bottling plant.

***** In previous years this was Table 32 and then Table 48. Because the Drinking Water Rules were updated in 2010, the Name/Number of this Table has been changed. NO CONTENTS OF THIS TABLE HAS BEEN CHANGED - JUST THE NAME/NUMBER.**